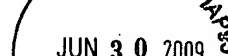


PTO/SB/21 (12-97)
00. OMB 0651-0031
NT OF COMMERCE

 <p>TRANSMITTAL FORM</p> <p><i>(to be used for all correspondence after initial filing)</i></p>	Application Number	10/562,028
	Confirmation Number	
	Filing Date	with an effective filing date of June 7, 2004
	First Named Inventor	Eckhardt LÜBKE and Frank-Detlef SPECK
	Group Art Unit	3656
	Examiner Name	James PILKINGTON Fax: (571) 273-8300
Total No. of Pages in this Submission: 16	Attorney Docket Number	ZAHFRI P802US

ENCLOSURES (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form
(in Duplicate) | <input type="checkbox"/> Assignment papers
(for an Application) | <input type="checkbox"/> After Allowance Communication
to Group |
| <input type="checkbox"/> Fee attached - Check \$ | <input checked="" type="checkbox"/> Drawing(s) –Annotated Sheet(s) .. [1]
Replacement Sheet(s) ... [1] | <input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Response [13] | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> After Final | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69)
and Accompanying Petition
(DELETED - no longer useful) | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> To Convert a Provisional Petition | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request
(in Duplicate) | <input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address | <input checked="" type="checkbox"/> Additional Enclosure(s)
(please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Postcard |
| <input type="checkbox"/> Information Disclosure Stmt | <input type="checkbox"/> Small Entity Statement | |
| <input type="checkbox"/> Certified Copy of Priority
Document(s) | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Response to Missing Part/s
Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts
under 37 CFR 1.52 or 1.53 | | |

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
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Signature

Date June 24, 2009

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 24, 2009.

Signature

Date: June 24, 2009 (amp)